



POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION

State Form 28251 (R8/11-05)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Perry Township Taxpayers for Fairness			3. Acronym or Abbreviated Name (if any) PTTF		
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 4435 E. Edgewood Av			5. E-mail Address (Optional) —		
6. City Indianapolis	State In	ZIP Code 46237	7. FAX (Optional) ()	8. Telephone (317) 783-3764	9. Committee Organization Date (MM-DD-YY) 10/8/08
10. Is this committee registered with the Federal Election Committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. Township Assessors Referendum # 1					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. —			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other		

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.

16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson Katherine Price						17. E-mail Address (Optional) —	
18. Mailing Address <input type="checkbox"/> Check if this is a new address 4435 E. Edgewood Av., Indpls, In 46237				19. Telephone (Day) (317) 788-4833		20. Telephone (Evening) (317) 783-3764	
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer Jerry Roseberry				22. E-mail Address (Optional) —			
23. Mailing Address <input type="checkbox"/> Check if this is a new address 1404 Lanett Ct, Beech Grove, In. 46107				24. Telephone (Day) (317) 788-4833		25. Telephone (Evening) (317) 781-9262	
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian —				27. E-mail Address (Optional) —			
28. Mailing Address <input type="checkbox"/> Check if this is a new address —				29. Telephone (Day) ()		30. Telephone (Evening) ()	

31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

m/B Bank

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Jerry Roseberry	Signature of the Committee Chairperson Katherine Price
---	--	--

SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

34. Typed or Printed Name of Treasurer JERRY ROSEBERRY	Signature of Treasurer Jerry Roseberry	Date (MM-DD-YY) 10/8/08
--	--	-----------------------------------

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or Printed Name of Chairperson Katherine Price	Signature of Chairperson Katherine Price	Date (MM-DD-YY) 10/8/08
--	--	-----------------------------------

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

Elizabeth A. White

OCT 09 2008

FILED